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Application Number	10/680,962
Filing Date	October 7, 2003
First Named Inventor	Shlomo TOUBOUL
Art Unit	2154
Examiner Name	John FOLLANSBEE
Attorney Docket Number	43426.00061

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Typed or Printed  
Name Marc A. Sockol

Date April 14, 2005 Telephone 650-856-6500

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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PTO/SB/123 (09-04)  
PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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		Application Number	10/680,962
		Filing Date	October 7, 2003
		First Named Inventor	Shlomo TOUBOUL
		Art Unit	2154
		Examiner Name	John FOLLANSBEE
(to be used for all correspondence after initial filing)		Total Number of Pages in This Submission	3
		Attorney Docket Number	43426.00061

### ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC <input type="checkbox"/> (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> [Total 1 page] <input checked="" type="checkbox"/> Other Enclosure(s) <input type="checkbox"/> (please identify below): <input type="checkbox"/> Return postcard
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### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	Squire, Sanders & Dempsey L.L.P. 600 Hansen Way Palo Alto, CA 94304-1043		
Signature			
Printed Name	Marc A. Sockol		
Date	April 14, 2005	Reg. No.	40,823

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